

VIDEO OBSERVED THERAPY (VDOT) revised 01/2017

To perform VDOT, the outreach worker, RN, or LPN observes a patient taking his/her medication in their homes, workplace, or other location of patient's choice via smartphone, laptop, or desktop computer. The software used by the GA TB Program to perform VDOT is doxy.me. This software is HIPAA compliant so a patient's personal/medical information is kept private and secure. End-to-end encryption is used to ensure that patient information is kept private and no information or video is recorded and stored. This technology is free to the patient but the patient must use his/her own cell phone, computer (or other electronic device) and internet access to participate in the program.

All patients with suspected or confirmed active TB disease will start TB therapy using traditional DOT. Only after the patient has demonstrated adherence to the treatment plan over the first eight (8) weeks of therapy will he/she be considered eligible for VDOT as an incentive for continued therapy. All patients with active TB should be evaluated during the first eight weeks of traditional DOT by the health department to determine if they may be a candidate for switching to VDOT. Patients must achieve at least 80% compliance during this initial phase of therapy in order to be considered eligible for VDOT. Participation in VDOT is voluntary and may be forfeited at any time by the patient or revoked by the health department.

VDOT should be used with carefully selected patients meeting established minimum criteria. Local TB program staff must be trained in appropriate patient selection, use of the VDOT equipment and doxy.me software, procedures for observing treatment, as well as the additional VDOT aspects listed in this policy. VDOT staff must be trained on the use of video equipment to include patient confidentiality. VDOT staff must document each patient encounter as directed by the local health department policy. In case of smartphone/laptop/desktop technical failure, the DOT worker will make a home visit to deliver DOT. The DOT worker must provide the patient with written instructions on what to do in an emergency (such as when patient becomes hospitalized, equipment for VDOT is not working/accessible, etc.), who to call with questions regarding treatment, and a plan of what to do if the regular staff person providing VDOT is not available (all of this information is to be included on the VDOT agreement as well – Form 603.VDOT.TB and 603.VDOT.LTBI).

Once local TB staff select a patient that meets the criteria to receive VDOT, State TB Office must be notified prior to beginning VDOT. To begin performing VDOT, the local/district TB staff must submit:

1. A signed copy of the *Video DOT Agreement – Form 603.VDOT.TB or 603.VDOT.LTBI (Appendix F)*,
2. *Medication Administration Record (MAR) – Form 3130 (Appendix F)* to reflect patient was at least 80% adherent during initial phase,
3. Brief explanation why patient is believed to be a good candidate for VDOT.

Information may be emailed securely to the State TB Nurse Consultant or faxed to 404-463-3460. Once the State TB Nurse Consultant receives the request, he/she will forward the request to the TB Program Director for approval. Once approval is given, the DOT worker will be given access to doxy.me software as a user to provide VDOT. Access to doxy.me will only be given to the staff member actually performing VDOT with an approved patient.

TB staff must ensure patient is seen in the clinic by appointment with the TB nurse or physician at least once a month per protocol. This will ensure appropriate clinical and laboratory monitoring, provide the patient with a one-month supply of his/her TB medication, and confirm the date/time of the next clinic appointment.

PATIENT CRITERIA

Patients can qualify for VDOT after the initial phase of treatment if all of the following apply:

- Pan-sensitive TB disease
- At least 80% adherent during initial phase
- Converted sputum smear and culture negative in initial phase of treatment
- No adverse reactions during the initial phase of treatment
- Can be served by a health care worker that speaks the same language or has the ability to use an interpreter
- No current history of alcohol or drug abuse
- No current history of mental illness e.g. psychiatric/sociopathic or depression
- Patient must not be considered at risk for poor adherence (homeless, prior incomplete or refusal of TB treatment, memory impairment, dementia)
- Patient is able to prepare his/her TB medications and can accurately identify each medication
- Patient is not a child or adolescent
- Patient is able to demonstrate how to properly use the equipment
- Patient is able to provide TB staff with picture identification to keep on file in his/her chart to confirm identity
- Patient owns a smartphone, laptop, or desktop with a data plan

NOTE: If TB staff feel strongly about a patient's need for VDOT, despite him/her not meeting all eligibility requirements outlined in this section, contact the TB State Program to determine patient's ability to begin VDOT.

REASONS TO STOP VDOT ONCE STARTED INCLUDE:

- Patient has an adverse reaction to TB medication
- Patient is no longer in stable housing
- Patient misses one or more health department calls and/or ingests less than 80% of scheduled VDOT medication doses
- Patient defaults on other aspects of adherence (missing medical appointments, not being truthful)
- Patient no longer consents to participating in VDOT and prefers traditional (face- to-face) DOT
- Patient receives American Lung Association (ALA) benefits

ADMINISTRATIVE REQUIREMENTS FOR VDOT

The following administrative requirements must be met prior to placing patients on VDOT:

1. A signed copy of the *Video DOT Agreement – Form 603.VDOT.TB or 603.VDOT.LTBI (Appendix F)*,
2. *Medication Administration Record (MAR) – Form 3130 (Appendix F)* to reflect patient was at least 80% adherent during initial phase,
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PROCEDURE FOR PERFORMING VDOT

Prior to performing VDOT, staff must ensure that consents are signed by patient and TB staff and that a mutual time has been established for calls to occur. VDOT will be performed as follows:

1. TB staff (outreach worker, RN, or LPN) calls the patient at a prearranged time via smartphone, desktop, or laptop using doxy.me.
2. Patient displays his/her face on the video screen and confirms identity by stating first and last name. (The patient may also wish to have a code word to let the TB staff know he/she is in a situation where confidentiality is compromised and he/she cannot continue with the call. If this occurs, the patient needs to agree on a different time on the same day to complete VDOT with TB staff. The patient and VDOT staff can also wear ear buds instead of using speakerphone to maintain confidentiality).
3. TB staff inquires about any problems, medications side effects (as outlined in *Policy 5.19 DOT Screening Questions Checklist*), or concerns before the patient takes his/her medications. Medications are held, if indicated, per existing protocols.
4. Using appropriate lighting, patient clearly displays the medication bottle or blister pack.
5. Patient describes the medication by name, shape, size, and/or other identifying qualities. Patient identifies the number of each type of medication to be taken.
6. Patient holds medication in front of video camera before placing medication in his/her mouth.
7. Patient swallows medication in full view of camera.
8. Patient repeats the same procedure for each medication to be taken.
9. Prior to disconnecting, TB staff confirms date and time of the next VDOT appointment.

After completing a VDOT session, the TB staff will document the date/time and medications observed as per standard DOT protocols on the MAR; the letter "V" must be circled after staff's initials on the MAR next to the date for each dose administered using VDOT.

CONFIDENTIALITY

Health departments must conform with the provisions regarding protection of personal health information contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). To adhere to these provisions, the GA TB Program uses doxy.me software to perform VDOT. This software is HIPAA compliant so a patient's personal/medical information is kept private and secure. End-to-end encryption is used to ensure that patient information is kept private and no information or video is recorded and stored. This technology is free to the patient but the patient must use his/her own cell phone, computer (or other electronic device) and internet in order to participate in the program.